Name in Full Joseph Arnold

Certificate of Death

Died at Town County Almshouse Anne Arundel MARYLAND

Date 189 9 Month 1 Day 27 Age Y. 86 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Annapolis Advertiser

Address 1-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Samuel Baldwin

Certificate of Death

Died at Town Odenton County AA MARYLAND

Date 189 9 Month 1 Day 17 | Age Y. 65 M. 3 D. 6 | Native of Anne Arundel Co Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married | Widow ~~Divorced~~ | ~~Widower~~ | Number of children living 2

Husband of ~~Wife~~ Mary Elizabeth Baldwin

Father's Name Samuel Baldwin | Mother's Name Sarah

Cause of Death: Primary Grip 9 | How long sick 2 weeks

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by J W DuBois M D

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Neme in Full

Certificate of Death

Archer L. Basil

Town: Annapolis County: Anne Arundel MARYLAND

Died at Annapolis Anne Arundel MARYLAND

Date 1899 Month: Jany. Dey: 24th

Age: Y. 9 M. D.

Native of: Md

Occupation: —

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single / Widow / Widower / ~~Divorced~~

Number of ~~children living~~

~~Husband~~ / Wife of

Father's Neme: Geo Basil

Mother's Name: Maggie

Cause of Death — Primary: —

Immediate: Grippe 9

How long sick: 3 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: James S Tarlton

Address: Annapolis Md

OVER

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 78706

Attended by Dr. Lee Wells

of Annapolis Md

Seen by Coroner

of

Information contained in this certificate received from Charles Hatton

of

Read for record Jan 31st 1899

Name in Full

Harry Otto Blane.

Certificate of Death

Died at Town South Baltimore, County a a Co MARYLAND

Date 1899 Month Jany. Day 30 Age Y. 1 M. 4 D. Native of Maryland Occupation Infant

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single / Widow / Widower / Divorced / Number of children living

Husband / Wife of

Father's Name Edward Blane

Mother's Name Mary Blane

Cause of Death: Primary Croup. 86 How long sick 3 days

Immediate Heart Failure.

Accident, Suicide, Homicide

Reported by J B Robinson M D

Address Brooklyn [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Christine Boston

Certificate of Death

Died at — Town: Annapolis — County: A A Co — MARYLAND

Date 189 E — Month: 1 — Day: 1 — Age: Y. 5 M. 15 D. — Native of: City — Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female — Colored — Single — ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Wm Boston

Mother's Name: May E Ayers

Cause of Death — Primary: Gastritis 82 — How long sick: 4 days

Immediate: Convulsions — ~~Accident, Suicide, Homicide~~

Reported by: Wm Bishop M.D.

Address: 12 Church Cinder

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 6[illegible]

Read for record
Jan 7th 1879

Name In Full Lee Brashear's

Certificate of Death

Died at ~~Cumb~~ Town Mayo County Anne Arundel MARYLAND

Date 1899 Month 1 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5-

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Republican 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Rev. R. B. Jones.
Memorial Cemetery

Name In Full Elvs. Catterton

Certificate of Death

Town

County

Died at Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	5	Age 69				

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Maryland Republican 1-17

Address Courier Journal Ft Frederick 1-14

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 7988R

Mt. Zion Cemetery

Mt. Ebenezer Methodist

Name in Full Leonidas Cecil

Certificate of Death

Died at Town Millersville County A A Co

MARYLAND

Date 1899 Month 1 Day 1

Age Y. 53 M. D.

Native of Md

Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow X Widower ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Hellen Cecil

Father's Name Owen Cecil

Mother's Name

Cause of Death Primary Grippe 9

Immediate Bilious Dysentery

How long sick 21 days

~~Accident, Suicide, Homicide~~

Reported by J W DuBois MD

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Coulburn

Certificate of Death

Died at Town Annapolis County A. A. MARYLAND

Date 1899 Month Jan Day 31 Age Y. 1 M. 1 D. Native of Annapolis Occupation —

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

~~Husband~~ Wife ~~of~~

Father's Name Milton Coulburn Mother's Name Ellen Coulburn

Cause of Death: Primary Pneumonia 72 How long sick

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Alex. Evans, Undertaker

Address Annapolis

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record

Feb 1st 1899

Name in Full Rebecca Covington Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 189 9 Month 1 Day 8 Age Y. 63 M. - D. - Native of Md. Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Philip Covington

Father's Name _____ Mother's Name _____

Cause of Death: Primary Pneumonia 72 How long sick 13 days

Immediate Uremia

Accident, Suicide, Homicide

Reported by J. M. Worthington

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full — Certificate of Death

Alfred Farrell

Died at — Town: Near Odenton — County: Anne Arundel — MARYLAND

Date 1899 — Month: Jan — Day: 3rd — Age: Y. 76 M. 10 D. 20 — Native of: Maryland — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living: three

~~Wife~~ Husband of: Mary Jane Farrell

Father's Name: Horace Farrell — Mother's Name: Mary Farrell

Cause of Death — Primary: La Grippe 9 — How long sick: 5 Days

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: Loydon P. Gorman M. D.

Address: Odenton, Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79 HH

Name in Full Garner

Certificate of Death

Died at Town South River County Anne Arundel MARYLAND

Date 1899 Month 1 Day 17 Age Y. 6 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Evening Capital Annapolis

Address 1-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Rev. Dr. Southgate, Annapolis,

Name in Full Benjamin Green

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month Jan Day 11 Age Y. M. D. — Native of — Occupation —

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husbend of Wife —

Father's Name — Mother's Name —

Cause of Death Primary Consumption How long sick Months

Immediate — 22a Accident, Suicide, Homicide

Reported by Dr John Ridout

Address Annapolis Md [illegible]

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

This man died in Jail
he being under sentence
of the Court for Amended
County.

Recd for record
Jan 13th 1899

Name in Full: Richard H. Green

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: Jany. Day: 20th Age Y. 64 ~~M.~~ ~~D.~~ Native of: Md Occupation: dr

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living 5

Husband ~~Wife~~ of

Father's Name

Mother's Neme

Ceuse of Death: Primary Paralicis 44 How long sick 5 days

Immediate Same ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by James S Taylor

Address Annapolis Md

OVER

OVER

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Dr Wells

of Annapolis

Md.

Seen by Coroner _____

of _____

Information contained in this certificate received from Dr Wells

of Annapolis

Recd for record Jan 31st 1899

Name in Full — Certificate of Death

Mary Hall

Died at West River (Town) Anne Arundel (County) MARYLAND

Date 1899 Month: Jan. Day: 6 | Age Y. 70 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Alexander Hamilton Hall

Father's Name John Thomas | Mother's Name Elizabeth Murray

Cause of Death — Primary: Age & Anaemia | How long sick: 12 days

Immediate: Grip | ~~Accident, Suicide, Homicide~~

Reported by Sewell S. Hepburn Jr. M.D.

Address West River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full

Certificate of Death

Lizzie Haneke

Died at Town Annapolis County A. A. Co MARYLAND

Date 1899 Month Jan Day 28 Age Y. 33 M. D. Native of Annapolis Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Max. Haneke

Father's Name Henry Rehn Mother's Name

Cause of Death Primary Kidney trouble 100 How long sick

Immediate ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Alex Evans, Undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

4 REPLIED (57)

Sr George Wells 4-7
Annapolis Md

Recd for record
Jan 28th 1859

Name in Full

Certificate of Death

Augusta Heise

Died at Town Annapolis County A A C MARYLAND

Date 1899 Month Jan Day 20 | Age Y. 68 M. D. | Native of Germany | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Alex Heise

Father's Name ——— Mother's Name ———

Cause of Death: Primary Heart Disease 9 | How long sick 3 weeks

Immediate Grip | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr Geo Wells

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Jan 21st 1899

Name in Full

William Johnson

Certificate of Death

Died at ~~Town~~ Harwood P.O. County Anne Arundel MARYLAND

Date 1899 Month Jan Day 17 Age Y. 22 M. – D. – Native of Md Occupation Laborer

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single Widower ~~Number of children~~ living

Husband of Wife

Father's Name Illegitimate

Mother's Name Caroline Johnson

Cause of Death Primary Tuberculosis of Lungs

Immediate 22a

How long sick about 6 mos.

Accident, Suicide, Homicide

Reported by Sewell S Hepburn Jr.

Address West River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Wm Jones

Certificate of Death

Died at Town Waterbury County Anne Arundel MARYLAND

Date 1899 Month Jan. Day 20 Age Y. M. D. Native of Md Occupation Mechanic

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living None

Husband of Wife Eveline Waring

Father's Name Samuel Jones Mother's Name Sarah Jones

Cause of Death Primary Pneumonia 72 How long sick Two weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by H. B. Gantt M.D.

Address Waterbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full: Chas J. Lee

Certificate of Death

Died at Town: Brooklyn County: A A Co MARYLAND

Date 1899 Month: 1st Day: 25 Age Y. 23 M. 3 D.

Native of: Mary. Land Occupation: Mechanic

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name: Curtis M. Lee

Mother's Name: Alverta A Lee

Cause of Death: Primary ~~Heart failure~~ Phthisis Pulmonalis

Immediate Heart failure 22a

How long sick: 3 mos

Accident, Suicide, Homicide

Reported by: F. T. Robinson M D

Address: Brooklyn A A Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Cleveland Lee

Died at Town South River County Anne Arundel MARYLAND

Date 1899 Month Jan Day 14 Age Y. 14 M. 2 D. 15 Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Joseph Lee

Mother's Name Minnie Chaney

Cause of Death Primary Acute Cerebro Meningitis How long sick 5 days

Immediate Paralysis 44 Accident, Suicide, Homicide

Reported by John Collison M.D.

Address South River A. A. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65666

Name In Full

Certificate of Death

Mary Jane Lowman

Died at Town: Annapolis County: A. A. Co's MARYLAND

Date 189 9 Month: 1 Day: 27 | Age Y. 21 M. D. | Native of America | Occupation Daughter

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name John R. Lowman

Mother's Name Ann Elizabeth Lowman

Cause of Death — Primary: Hemorrhage Stomach — How long sick: 12 days.

Immediate: Exhaustion 81 — ~~Accident, Suicide, Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Thomas Henry Lyles

Certificate of Death

Died Near Friendship (Town) A A Co (County) MARYLAND

Date 1899 Jan (Month) 10 (Day) Age 53 Y. 8 M. D. Native of Baltimore Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ None

Husband ~~Wife~~ of Hannah Lyles

Father's Name Henry Lyles

Mother's Name Margaret McCorde

Cause of Death: Primary Pneumonia 72

Immediate

How long sick 7 days

Accident Suicide, Homicide

Reported by Dr Geo W Pembroke

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Mrs Margaret Mason

Died at Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 Month: Jany. Day: 23d | Age Y. 78 M. D. | Native of Penna. | Occupation none

~~Male~~ White ~~Married~~ Widow of ~~Divorced~~ Ex. Judg. J. T. Mason

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Thos. Mason

Father's Name Cowan | Mother's Name Dont Know

Cause of Death: Primary Nervous Shock from a fall | How long sick 40 days

Immediate Paresis — after Gripp. | ~~Accident, Suicide, Homicide~~

Reported by H. R. Walton M D

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]8

Recd for record
Jan 29th / 849

Name In Full Charles S. Melchen

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1894 Month 1-16 Day | Age Y. 8 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name Lewis M. Melchen

Mother's Name Gracie E. Melchen

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Emma Capital Annapolis

Address / 1-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70778

Name in Full

William Newshaw

Certificate of Death

Died at Town: Glen Burnie, County: Anne Arundel — MARYLAND

Date 189 Month: January Day: 10 | Age Y.: 16 M. D. | Native of: Glen Burnie | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: William D Newshaw | Mother's Name: Eliza Donaldson

Cause of Death: Primary: Pneumonia — 72 | How long sick: 2 weeks

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by: Thomas H Brayshaw MD

Address: Glen Burnie Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name In Full — Certificate of Death

John Albert Norwood

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 — Month: 1-16 — Age: Y. 9 M. 11 D. 19 — Native of — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ / ~~Number of children living~~

Husbend / Wife of

Father's Name: John Norwood — Mother's Name: Virginia Norwood

Ceuse of Death — Primary: 161 — How long sick

Immediete — Accident, Suicide, Homicide

Reported by: Evening Capital Annapolis

Address: [redacted] 17

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Gordon Parker

Certificate of Death

Died at Town Annapolis, County Anne Arundel MARYLAND

Date 1894 Month Jan Day 4 | Age Y. 1 M. 11 D. | Native of Annapolis | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Somerfield Parker Mother's Name Mary Parker

Cause of Death Primary Entreco Coletis 82 How long sick immediate death

Immediate Convulsions — ~~Accident, Suicide, Homicide~~

Reported by Mary Parker

Address Dr W Bishop Annapolis

William Brewer J.P. Actg Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Jan 13th 1899

Name in Full Certificate of Death

Mrs. Parkinson

Died at Town Annapolis County A A MARYLAND

Date 1899 Month Jan Day 23d Age Y. 26 M. D. Native of America Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of John Parkinson

Father's Name Mother's Name

Cause of Death Primary Consumption 22a How long sick 3 weeks

Immediate ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Alex Evans, Undertaker

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

4-4 REPLIED (57)

Dr. Geo. Wells, 4-7
Annapolis, Md

Read for record
Jan 24th 1849

Name In Full

Certificate of Death

Sarah E. Plummer

Died at — Town: South River — County: Anne Arundel — MARYLAND

Date 1899 — Month: 1 — Day: 24 — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced / Number of children living

Husband of / Wife

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Calvert Gazette 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name In Full Beulah M. Reddick — Certificate of Death

Died at Town Curtis Bay County Anne Arundel MARYLAND

Date 189 9 — Month 1-27 — Day — Age Y. 2 M. D. — Native of — Occupation

~~Male~~ Female — White — Coloured — Married — Single — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name John F. Reddick — Mother's Name Amelia L. Reddick

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Republican Annapolis

Address 2-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79895

Name in Full

Certificate of Death

Edward Scott

Died at Town Williams County A. A. Co MARYLAND

Date 189 9 Month 1 Day 3. Age Y. 58 M. D. Native of Maryland Occupation Laborer.

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ Widow Widower Divorced Number of children living 4

Husband ~~Wife~~ of Melinda Scott.

Father's Name Not Known Mother's Name Not Known.

Cause of Death: Primary La Grippe. How long sick 9

Immediate Pneumonia Accident, Suicide, Homicide

Reported by J. B. Robinson MD

Address Brooklyn A. A. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Mrs. Mary F. Scott

Certificate of Death

Town

County

Died at Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	27	Age 69				

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 4

~~Husband~~ Wife of Jas. H. Scott

Father's Name Benj. Linthicum

Mother's Name Ann

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70656

Name In Full

Certificate of Death

Susan Shepherd

Died at Town near Bristol County Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	27	85				

Date 189 9

~~Male~~ Female

White Colored

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Cause of Death — Immediate — Accident, Suicide, Homicide

Reported by Calvert Journal 2-4.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Rev. O. C. Marriott.
Buried in Mt. Zion.

Name in Full

William Shepherd

Certificate of Death

Died at Town: Lothian County: Anne Arundel MARYLAND

Date 1899 Month: Jan. Day: 9

Age Y. 83 M. – D. –

Native of: Md

Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 7

Husband ~~Wife~~ of Mary Owens

Father's Name John Shepherd

Mother's Name Mary Owens

Cause of Death: Primary old age

Immediate Appoplexy

141

How long sick: Bed ridden 4 mos. sick three days.

~~Accident, Suicide, Homicide~~

Reported by Sewell S. Hepburn J.M.D.

Address West River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Stuckert

Certificate of Death

Died at Town Davidsonville County Anne Arundel MARYLAND

Date 1899 Month 1 Day 14 | Age Y. 4 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living

Husband of Wife

Father's Name Benj. Stuckert Sr. | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advertiser Annapolis

Address 1-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79-P5

Rev. C. J. Curtis, All Hallows Chapel

Name in Full: Araminta Taylor

Certificate of Death

Died at Town: Annapolis Md County: A A Co MARYLAND

Date 189 9 Month 1 Day 4 Age Y. 33 M. — D. Native of City Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widow~~ Number of children living 1

Husband / Wife of —

Father's Name: Frank Boston Mother's Name: Unknown

Cause of Death: Primary: Chronic Rheumatism How long sick: Two weeks

Immediate: La Grippe 9 ~~Accident, Suicide, Homicide~~

Reported by: Wm Bishop M.D.

Address: 12 Church circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record

Jan 7th 1899

Name in Full | Certificate of Death

Mary Elizabeth Thomas.

Died at Town: Annapolis County: A. Co. MARYLAND

Date 1899 Month: January Day: 16 | Age Y. 1. M. 6 ~~D.~~ | Native of Md | ~~Occupation~~ —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Daniel Thomas | Mother's Name: Mary Ellen

Cause of Death: Primary | How long sick: 3 weeks

Immediate: Grip 9 | ~~Accident, Suicide, Homicide~~

OVER

Reported by: James S Tyler

Address: Annapolis Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Dr Wills

of Annapolis

Seen by Coroner

of

Information contained in this certificate

ceived from Child father

of

Recd for record Jan 31st 1899

Name In Full

Certificate of Death

Richard F. Thomas

Died at Town: Eastport County: Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	1		9			

Date 1899 Age

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Jos. Thomas

Mother's Name:

Cause of Death — Primary: 161 — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by Evening Capital 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jane Tolson

Certificate of Death

Died: Town: near Friendship County: Alex MARYLAND

Date 1899 Month: Jan. Day: 9th Age: Y. 48 M. D. Native of Occupation: Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Married ~~Widower~~ Number of children living 9

Husband / Wife of Thomas Tolson

Father's Name: James Mackall

Mother's Name: Rachel A Mackall

Cause of Death: Primary Pneumonia 72 How long sick 5 days

Immediate

Accident, Suicide, Homicide

Reported by Dr Pembroke

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Addressed Apr. 17th (62)

Name In Full Andrew Wade — Certificate of Death

Died at Town Elvaston County Anne Arundel MARYLAND

Date 189 9 Month 1 Day 7 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death — Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Republican 1-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7999B

Name in Full

Allen Warfield

Certificate of Death

Died at Town Odenton County Ant MARYLAND

Date 1899 Month 1 Day 14 Age Y. 87 M. 8 D. 28 Native of Md Occupation Farmer

Male ~~Female~~ Whita ~~Colored~~ Married ~~Single~~ Widow X ~~Widower~~ ~~Divorced~~ Number of children living 9

Husband ~~Wife~~ of Edith M Warfield

Father's Name Samuel Warfield Mother's Name Susanna Warfield

Cause of Death Primary Old Age How long sick 10 days

Immediate La Grippe 9 Accident, Suicide, ~~Homicide~~

Reported by J W Du Bois MD

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full

Certificate of Death

Champ Worden

Town

Died at Galesville

County

Anne Arundel

MARYLAND

Date 1899 Month Jan. Day 6.

Age Y. about 28 M. D.

Native of Va.

Occupation Stonecutter

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single / Widow / Widower / ~~Divorced~~

Number of children living

Husband of Wife

Father's Name Thos. F. Worden

Mother's Name —

Cause of Death — Primary: Pulmonary Phthisis 22a

How long sick 4 years

Immediate

Accident, Suicide, Homicide

Reported by Sewell S. Hopkins M.D.

Address [redacted] West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

White

Town | County

Died at Galesville Anne Arundel MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1899 Jan. 3. | Age about 25 | Md | Housewife

~~Male~~ | ~~White~~ | Married | Widow | ~~Divorced~~

Female | Colored | ~~Single~~ | Widower | Number of children living 0

~~Husband~~ Wife of George White

Father's Name —— | Mother's Name ——

Cause of Death: Primary — Pericarditis 5-5 — How long sick 2 days

Immediate — Accident, Suicide, Homicide

Reported by Ewell S. Hepburn M.D.

Address West River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988